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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).							
I hereby appoint:							
Practitioners associated with the Customer Number: 80236							
OR							
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):							
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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Tredemark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents							
attached to this form in accordance with 37 CFR 3.73(b).							
Please change the correspondence address for the application Identified in the attached statement under 37 CFR 3,73(b) to:							
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Assignee Name and Address:							
CareFusion 303, Inc.							
3750 Torrey View Court							
San Diego, CA 92130							
A convert this form together with a statement and a 27 OFT 5 TOUR (F							
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/98 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of							
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.							
SIGNATURE of Assignee of Record							
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee							
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Joan B. Stafslien

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